

NON-HUMAN SUBJECTS RESEARCH

NOTE: This form should be used for research that does not meet the FDA or Common Rule definition of "human subjects research," but that may use protected health information (PHI) received in a limited data set or that is de-identified, data on decedents, or coded private information or specimens.

SECTION I: PERSONNEL INFORMATION

Principal Investigator: Velkamp, Stevan J **Department:** Student Activities Office
 (Last, First, Middle Initial-----must have faculty/staff status or faculty sponsor must sign)
Building/Room No.: IMU 371 **Phone:** 855-4311 **E-Mail:** veldkamp@indiana.edu
Contact Information:
Name: Veldkamp, Stevan **Address:** 900 E. 7th St., Bloomington, IN 47405
Phone: 855-4311
Fax: 855-3584 **E-Mail:** Veldkamp@indiana.edu
For Student Protocols, List Name of Faculty Sponsor: _____ **Phone:** _____
Protocol Title: **The Fraternity and Sorority Experience Survey (FSES)**
Sponsor/Funding Agency: _____ **PI on Grant:** _____
Sponsor Protocol #/Grant #: _____ **Period:** **From:** _____ **to** _____
Sponsor Type: Federal State Industry Not-for-Profit Unfunded; Internally Funded
Grant Title (if different from project title): _____

SECTION II: PROJECT TYPE

Refer to the Checklist for Determining Whether an Activity Requires Review by the IUPUI/Clarian IRB for additional information.

1. **Coded Private Information or Biological Specimens.**
 Note: Private information or specimens cannot be linked to specific individuals by the investigator(s) either directly or indirectly through coding systems. To qualify, **both** of the following conditions must be met:
 - The private information or specimens were **not** collected specifically for this proposed research project through an interaction or intervention with living individuals. **NOTE: If this condition is not met, then your research involves human subjects and requires a human subjects research submission.**

AND

 - The investigator(s) cannot readily ascertain the identity of the individuals to whom the private information or specimens pertain because: (mark which option(s) applies)
 - the key to decipher the code will be destroyed before the research begins
 - the investigator(s) and the holder of the key will enter into an agreement prohibiting the release of the key to the investigator(s) under any circumstances, until the individuals are deceased
 - Other. Please explain: _____

For additional information on research with coded private information or biological specimens, please refer to the OHRP Guidance on Research Involving Coded Private Information or Biological Specimens (August 10 2004) at: <http://www.hhs.gov/ohrp/humansubjects/guidance/cdebiol.pdf>.

2. **Research Involving Data on Decedent PHI.** Please indicate that the following criteria are satisfied:

- The use is solely for research on the identifiable health information of decedents.
- The PHI sought is necessary for the purposes of the research; and
- Upon request, the covered entity disclosing the data may require the investigator to provide documentation of the death of the individual(s) about whom information is being sought.

3. **Limited Data Set**

This project type may only be selected if the following is true: Your data set excludes 16 specified identifiers that are listed in the regulations, including: name, street address, telephone and fax numbers, e-mail address, social security number, certificate/license number, vehicle identifiers and serial numbers, URLs and IP addresses, and full face photos and other comparable images. The limited data set could include the following identifiable information: admission, discharge, and service dates, date of death, age (including age 90 and older), and five digit zip code.

Indicate from where the data will be obtained:

- The data will be provided from a covered entity separate from that of the investigator. **NOTE: A data use agreement must be established between the entity(ies) providing the data and the investigator. See the Confidentiality and Privacy SOP for additional information.**
- The data will be obtained from within the investigator's own covered entity (e.g. his/her own data or that of the covered entity). **No data use agreement is required.**
- Other, please explain:

4. **De-Identified Health Information.**

This project type may only be selected if the following is true: The health information excludes all of the following: (1) Name; (2) All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip codes if the geographic unit of combining all the same three initial digits contains more than 20,000 people; (3) All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated in a single category of age 90 or older; (4) Telephone numbers; (5) Fax numbers; (6) Electronic mail addresses; (7) Social security numbers; (8) Medical record numbers; (9) Health plan beneficiary numbers; (10) Account numbers; (11) Certificate/license numbers; (12) Vehicle identifiers and serial numbers, including license plate numbers; (13) Device identifiers and serial numbers; (14) Web universal resource locators (URLs); (15) Internet protocol (IP) address numbers; (16) Biometric identifiers, including finger and voice prints; (17) Full face photographic images and any comparable images; and (18) Any other unique identifying number, character, or code.

SECTION III: PROJECT DESCRIPTION

1. Provide a brief description, in lay terms, of the purpose of the proposed project and the procedures to be used.

The FSES is a 12 part survey that assesses fraternity and sorority student experiences and a wide range of learning outcomes. The sections in the survey include student demographic information, early fraternity and sorority experiences, chapter housing facility, gaining new members, new membership intake process, chapter affairs, chapter advising, personal involvement, academics, personal growth and development, and alcohol.

Potential study participants will be identified by individual inter/national fraternities and sororities or individual campuses. The survey is specifically tailored for fraternity and sorority members, which provide a natural identification process through membership. The identified members will be contacted via email by the respective inter/national fraternity or sorority organizations, and/or individual campuses.

The FSES is administered online, affording students the luxury of taking the survey at any time or place that is convenient to them. This enables them to respond to the survey when they feel comfortable, secure, and unhurried. Respondents further enjoy the option of leaving the survey and resuming it from their last completed answer. The data collection schedule will be tailored to accommodate campus events, breaks, and the administration of other surveys. Each survey administration will be scheduled to run for two to three weeks, with the option to add or reduce this period by a couple days depending on response rates, and campus or organizational requests.

The study seeks to identify the influence of environmental factors—such as programmatic interventions, faculty and peer relationships, diverse peer interactions, and co-curricular involvement—on fraternity and sorority experiences. FSES findings will contribute to a better understanding of fraternity/sorority needs and provide evidence-based guidelines for improving chapter affairs, programs and services. The results will also provide a platform for future research.

The Student Activities Office is primarily involved in creating the survey instrument and making it available to the local chapters and institutions. We will not be interacting with individuals not collecting data.

2. Provide a list of all data points that will be collected below or attach a data collection sheet.

Data collection questionnaire is attached.

Signature of Principal Investigator: Steve Veldkamp Date: August, 11, 2009

Note: An e-mail originating from the Principal Investigator's e-mail address, which contains the submission of the amendment serves in place of the Principal Investigator's actual signature.

Signature of Faculty Sponsor: _____ Date: _____

Note: An e-mail originating from the Faculty Sponsor's e-mail address acknowledging continued oversight responsibilities for the research study, including all changes represented in the amendment serves in place of the Faculty Sponsor's actual signature.

Accepted

Denied

Human subjects application must be submitted.

Project doesn't meet ethical principles

Other action required: _____

Authorized Signature: Peter F Date: 8/12/09

